

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033088

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED AUG 20 1962

1. PLACE OF DEATH

a. COUNTY

ST LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)

RICHMOND HEIGHTS

Length of stay in 1b

WKS.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

ST. MARY'S HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

Inside Limits

Yes ☒ No ☐

c. CITY

OR
TOWN

ST. LOUIS

d. STREET

ADDRESS

4356 BINGHAM AVE

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

RAYMOND E BOBMEYER

4. DATE

OF
DEATH

Month

Day

Year

JULY 30 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

JULY 31 1913

9. AGE (last birthday)

48

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LITHOGRAPHER COLOR CRAFT CO.

10b. KIND OF BUSINESS OR INDUSTRY

MISSOURI

11. BIRTHPLACE (City and state or country)

U-S-A

12. CITIZEN OF WHAT COUNTRY

U-S-A

13a. FATHER'S NAME

GEORGE BOBMEYER

13b. MOTHER'S MAIDEN NAME

ELIZABETH BRUEGGEMANN

14. NAME OF HUSBAND OR WIFE

VIRGINIA BOBMEYER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES WORLD WAR 2

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

VIRGINIA BOBMEYER 4356 BINGHAM.

Address

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Pancreas

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF

INJURY

Hour

a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

May 1962

20f. CITY, TOWN, OR LOCATION

July 30, 1962

COUNTY

STATE

21. I attended the deceased from

May 1962

145 A

to July 30, 1962 and last saw her

him alive on July 30, 1962

Death occurred at

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Theodore J. Subungu

(Degree or title)

M.D.

22b. ADDRESS

634 N. Grand

22c. DATE SIGNED

7/30/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

AUG. 2 1962

23c. NAME OF CEMETERY OR CREMATORY

MT. HOPE CEMETERY

23d. LOCATION (City, town, or county)

ST. LOUIS CO.

(State)

MO.

24. GENERAL DIRECTOR

Thomas Xutis

ADDRESS

2906 Gravois

25. DATE RECD. BY LOCAL REG.

7-31-62

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

Th...
63111 Blvd
Dec 1 - 3060
4-1
3000

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eleanore Province

Licensed Embalmer No. 3403

P. O. Address 2906 Gravois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.